Mismanagement in Safdarjung Hospital

398. SHRI MANOJ BHATTACHARYA: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether it is a fact that safdarjung Hospital, a leading hospital run by the Central Government, has over the years shown an all-round deterioration in management and in providing quality services and treatment;

(b) if so, the details thereof and the reasons therefor; and

(c) the steps proposed to be taken to tone up its functioning and restore its place of prominence among the Government hospitals in Delhi?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRIMATI PANABAKA LAKSHMI): (a) to (c) The Safdarjung Hospital continues to be well managed and continues to provide quality services and treatment to the patients. The Hospital's mission is to provide quality medicare to O.P.D., indoor and emergency patients in various disciplines of medicare. However, modernization of the Safdarjung Hospital with a view to provide better services to the patients is a continuous on-going process.

WHO's report on killer diseases

399. SHRI MANOJ BHATTACHARYA: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether the World Health Organization has in its recent report given a wake-up call to India to squarely meet the challenges of some killer diseases in the country.

(b) if so, the details thereof; and

(c) the steps taken/proposed to be taken to meet the challenges highlighted in the WHO Report?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRIMATI PANABAKA LAKSHMI): (a) and (b) The World Health Organization in its various reports in 2005 has identified the emergence of pandermics of SARS, Avian influenza, dengue fever, Japanese encephalitis, Leptosphirosis and drug resistant malaria which slowly but steadily have entrenched themselves in the large parts of South East Asia

Region including India. WHO has also pointed out that the recent occurrence of Avian influenza in various Asian countries demands greater attention by the national authorities to immediately strengthen the recognition and response mechanisms, infrastructure and expertise. The WHO has also warned that these emerging diseases will continue to challenge public health systems for many years to come. A well developed strategy and programme shall have to be implemented through a coordinated and pragmatic plan and a vigilant public health system for effective containment of these diseases.

(c) The Government has an elaborate network in place to contain diseases like SARS, Avian Influenza, Dengue, Japanese Encephalitis, Leprospirosis and drug resistant malaria. Institutions like National Institute of Communicable Disease (NICD) are constantly engaged in research and investigation to check outbreak and to control the diseases.

The National Vector Borne Diseases Control Programme (NVBDCP) is functional in all States to meet the challenge of Malaria, Dengue Fever and Japanese Encephalitis.

To prevent spread of Avian Influenza to India, periodic reviews have been regularly conducted since 2003. There is an Avian Influenza Monitoring Cell in NICD, which has been designated the nodal agency for implementing contingency plan which includes forming Rapid Response Teams and stockpiling of Chemo prophylaxis drugs.

For creating and sustaining strong and vigilant public health system, the Integrated Disease Surveillance Project (IDSP) has been launched in November, 2004. IDSP is designed not only for surveillance and response for the diseases labeled by WHO as killer Diseases but also to meet the challenges of unknown diseases in future. A substantial part of the country has already been covered by IDSP which will extend to the whole country by 2006.

Revising of Central Government Health Scheme

400. SHRI MANOJ BHATTACHARYA: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether the Planning Commission is preparing a revised Central Government Health Scheme for the serving and retired employees of the Central Government;